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## BIB DATA SHEET

CONFIRMATION NO. 3551

<b>SERIAL NUMBER</b> 09/830,839	<b>FILING or 371(c) DATE</b> 02/19/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 077529.0111		
<b>APPLICANTS</b> Ajit Lalvani, Oxford, UNITED KINGDOM; Ansar Pathan, Oxford, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB99/03635 11/03/1999 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9824213.4 11/04/1998 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/NITA M MINNIFIELD/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b> 55	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> BAKER BOTTS L.L.P. 30 ROCKEFELLER PLAZA 44TH FLOOR NEW YORK, NY 10112-4498 UNITED STATES						
<b>TITLE</b> TUBERCULOSIS DIAGNOSTIC TEST						
<b>FILING FEE RECEIVED</b> 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			